

2663

FILL OUT ALL BLANKS. EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, it may be properly classified. If any item not be obtained insert the word "unknown." Make every effort possible to are this information. Incorrect certificates will be returned for correction.

Arizona Territorial Board of Health			
BUREAU OF VITAL STATISTICS			
ORIGINAL CERTIFICATE OF DEATH			
PLACE OF DEATH		87	
COUNTY <u>Graham</u>	TERRITORIAL INDEX NO. <u>84</u>		
DISTRICT <u>Safford</u>	COUNTY REGISTERED NO. <u>7</u>		
TOWN <u>"</u>	ST. LOCAL REGISTRAR'S NO. <u>4</u>		
OR CITY <u>"</u>	(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		
FULL NAME <u>Marthey S. Jackson Lewis</u>			
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR or RACE White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	DATE OF DEATH <u>Jan'y</u> <u>30</u> 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May</u> <u>8</u> <u>1847</u> (Month) (Day) (Year)		I hereby certify, that I attended deceased from <u>Jan'y 24</u> 191 <u>2</u> to <u>Jan'y 30</u> 191 <u>2</u> ; that I last saw h <u>er</u> alive on <u>30th Jan'y</u> 191 <u>2</u> and that death occurred on the d <u>ate</u> stated above at <u>3:30 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>acute indigestion</u>	
AGE <u>64</u> yrs. <u>8</u> mos. <u>22</u> days	If less than 1 day _____ hrs., or _____ min.	<u>74</u> 10 days (Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		Was disease contracted in Arizona? <u>Yes</u>	
BIRTHPLACE (State or country) <u>Texas</u>		If not, where? _____	
PARENTS	NAME OF FATHER <u>Moses Jackson</u>	CONTRIBUTORY <u>No</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Texas</u>	(Duration) _____ yrs. _____ mos. _____ days	
	MAIDEN NAME OF MOTHER <u>Hannah Martin</u>	(Signed) <u>N. E. Platt</u> M. D.	
	BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>	_____, 191____ (Address) <u>Safford Ariz</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) _____			
(Address) _____			
PLACE OF BURIAL OR REMOVAL _____		DATE OF BURIAL OR REMOVAL _____ 19____	
UNDERTAKER _____		ADDRESS _____	
FILED <u>3/2</u> 191 <u>2</u> <u>Mrs. W. D. French</u> Local Registrar		FILED <u>Mar 21</u> 191 <u>2</u> <u>P. C. Dwyer</u> County Registrar	